



**Nebraska Child Abuse and Neglect Central Register/
Adult Abuse and Neglect Central Registry Self Check Request Form**

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Register/ Registry, which is maintained by the Division of Children and Family Services.

Your Current Full Legal Name (Please Print).

Your Current Address (Street, City, Zip Code – Please Print)

Your Date of Birth

Social Security Number.

Other names previously used such as former married names, maiden name and nick names. Please Print.

Names and birth dates of your children and children who have lived with you. Please Print.

Any Address at which you have resided during the past 20 years.

Signature (applicant)

Date

Subscribed and sworn to before me on ____ day of _____, 20____.

Seal of Notary

Notary Public

Please mail this form and the accompanying information to:

Nebraska Department of Health and Human Services
Children and Family Services, Policy Unit
Attn: Central Register/Registry Checks
PO Box 95026
Lincoln NE 68509-5026